



TOWN OF EASTON  
BOARD OF ASSESSMENT APPEALS  
225 CENTER ROAD  
EASTON, CT 06612  
(203) 268-6291

No. \_\_\_\_\_

**ASSESSMENT APPEAL APPLICATION – MOTOR VEHICLE  
GRAND LIST OCTOBER 1, 2022**

By authority of General Statutes 12-71 & 12-110 of the State of Connecticut  
Please print or type the following information about each motor vehicle appealed.

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Plate#: \_\_\_\_\_ VIN#: \_\_\_\_\_

**Detailed Reason(s) for Value Appeal:** \_\_\_\_\_

\_\_\_\_\_

Owner's Estimate of Value as of **October 1, 2022:** \_\_\_\_\_

*(Required)*

**Documentation must be provided at the hearing to support your appeal. All documentation, appraisals and photos remain the property of the B.A.A.**

I SWEAR (OR AFFIRM) THAT THE ABOVE IS TRUE INFORMATION

\_\_\_\_\_  
Signature of Property Owner or  
Authorized Agent

\_\_\_\_\_  
Date

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If you need to send an agent to the hearing, the following MUST be completed and available to the board members at the meeting.

To Whom It May Concern:

I \_\_\_\_\_ being the legal owner of property located at:

\_\_\_\_\_ hereby authorize \_\_\_\_\_

\_\_\_\_\_ to act as my agent in all matters before the Board of  
Assessment Appeals of the Town of Easton for the assessment year commencing October 1,  
2022.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

Agent's Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

OVER >

**The Following is For The Board's Use Only**

Owner's Name: \_\_\_\_\_

Interviewer's Notes

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\_\_\_\_\_ Inspection Requested

\_\_\_\_\_ Research Requested

Interviewer's Printed Initials \_\_\_\_\_ Date \_\_\_\_\_

| Assessor Original Value | +/- | Net Change | BAA Revised Value |
|-------------------------|-----|------------|-------------------|
|                         |     |            |                   |

\_\_\_\_\_ No Change

\_\_\_\_\_ Change

Reason

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We hereby certify that this decision has been made in accordance with a vote by the Board of Assessment Appeals of the Town of Easton.

\_\_\_\_\_  
Decision Date

\_\_\_\_\_  
Board Member

\_\_\_\_\_  
Board Member

\_\_\_\_\_  
Board Member

\_\_\_\_\_  
Board Member